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TRANSMITTAL FORM

 $\begin{tabular}{ll} FORM \\ \textit{(to be used for all correspondence after initial filing)} \end{tabular}$

Application Number	09/641,553				
Filing Date	August 17, 2000				
First Named Inventor	Wang, et al.				
Group Art Unit	2157				
Examiner Name	S. Najjar				
Attorney Docket Number	141388.05				

	- Laurine Carrier							
Sent via Express Mail Label No.:			Attorney Docket Number			141388.05		
ENCLOSURES (check all that apply)								
Fee Transmittal Form (in duplicate) Fee Attached Response to OA dated 01-21-2005 / Request for Reconsideration (19 pages) After Final Affidavits/declaration(s) Extension of Time Request (in duplicate) Express Abandonment Request Information Disclosure Statement with Form PTO/SB/08A (pages) Response to Notice to File Missing Parts A copy of the Notice to File Missing Parts Under 37 CFR 1.52 or 1.5 CERTIFICATE OF MAILING OR TRANSMISSION (Under 37 CFR § 1.8(a)) I hereby certify that this correspondence is being: A deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P. Box 1450, Alexandria, VA 22313-1450; or Transmitted by facsimile on the date shown belot to the USPTO at (703) Dis-06-2005 Date Response to OA dated 01-21-2005 Signature Rimma N. Oks Printed Name		Assign for an Drawir Declaration A c (37 Licensi Petition Application Generation Termin Reques CD, Numarks	ment Papers Application) ag(s) (sheets) ation My Executed (p opy from a prior a CFR 1.63(d)) (p ing-related Papers at to Convert to a Pr ation al Power of Attori CFR 3.73(b) State al Disclaimer at for Refund imber of CD(s) The Commiss	ages) oplication pages) ovisional ey (SB80) ment ssioner is her	erp:	After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Application Data Sheet Request for Corrected Filing Receipt Return Receipt Postcard Other Enclosure(s) (please identify below): A copy of this transmittal form; authorized to charge any additional ayments, to Deposit Account No. 50-int application.		
SIGNATURE OF ATTORNEY OR AGENT								
Signature Fauil 5. 1 Reg			No. 38,222					
			d S. Lee					
Date May 6, 2005 Tel.			(425) 703-8092 Facsimile No. (425) 708-5046					
Assignee Name:		MICROSOFT CORPORATION ONE MICROSOFT WAY REDMOND, WA 98052						
Customer Number:		22971						

Effective on 12/08/04 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005

Complete if Known						
Application Number	09/641,553					
Filing Date	August 17, 2000					
First Named Inventor	Wang, et al.					
Examiner Name	S. Najjar					
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Express Mail Label No.	N/A					

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TOTAL AMOUNT OF PAY	MENT (S) 120.00		Express Mail Label No.			N/A		
METHOD OF PAYMENT (check all that apply)									
☐ Check ☐ Credit C	ard 🔲	Money Order	☐ No	ne 🗌 Other	(please identit	fy) <u>:</u>			
□ Deposit Account Deposit Account Deposit Dep	posit Accour	nt Number: 50-0	<u>463</u>	Deposit Ac	count Name: <u>N</u>	IICROSO	FT CO	RPORA	TION
For the above-ident	ified deposit	account, the Direct	tor is her	eby authorized to	: (check all th	at apply)			
Charge fee(s)					rge fee(s) in		low, exce	ept for the	e filing fee
	lditional fee(s) or underpaymer	nts of fee(s) 🔯 Cre	dit any overp	ayments	-		-
WARNING: Information on information and authorization	this form ma on on PTO-2	ay become public. 038.	Credit ca	rd information sl	nould not be	included or	this form	n. Provide	e credit card
FEE CALCULATION									
1. BASIC FILING, SE	ARCH, A	ND EXAMINA	TION F	EES					
	FILING	FEES Small Entity	SEAR	CH FEES Small Entity		TION FEE			
Application Type	Fee (\$)	Fee (\$)	Fee (\$	Fee (\$)	Fee (\$)	Small Enti Fee (\$)	ity	Fees Pa	<u>aid (\$)</u>
Utility	300	150	500	250	200	100	_		
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80	_		
Reissue	300	150	500	250	600	300	_		
Provisional	200	100	0	0	0	0	_		
2. EXCESS CLAIM FEE	S							Fee (\$)	Small Entity Fee (\$)
Fee Description	- Daiasuas	eesh alaim aya	. 20 and	mara than in th	o original na	stont		50	25
Each claim over 20 or, for Each independent claim							l patent	200	100
Multiple dependent claims			•			_		360	180
Total Claims	Extra Clain		Fee	Paid (\$)	Multiple D	ependent (<u>Claims</u>		
18 - 31 or HP= (x <u>50</u>	_= <u>0</u>		Fee (\$)	<u>F</u>	<u>ee Paid (</u>	<u>\$)</u>	
HP =highest number of total of Indep. Claims	:iaims paio io Extra Claim		Fee i	Paid (\$)			0		
3 -4 or HP=	Ď .	x 200	= 0						
HP = highest number of ind	ependent cla	ims paid for, if grea	ter than 3						
3. APPLICATION SIZ									
If the specification and of for each additional 50 s	drawings ex	ceed 100 sheets of	f paper, th	ne application size	e fee due is \$3 37 CFR 1 16	250 (\$125 f	or small e	ntity)	
Total Sheets	Extra She	Number	of each	additional 50 c	r fraction th	nereof Fe	e (\$)	Fee	Paid (\$)
-100 =	0	/ 50 = 0		_ (round up to a	whole) num	ber x	250	_ =	0
4. OTHER FEE(S)								Fee	s Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)									0
Other: Extension of Time Request for filing a response within first month								\$12	0.00

SUBMITTED BY			
Signature	Varil 1. 1	Registration No. (Attorney/Agent) 38,222	Telephone (425) 703-8092
Name (Print/Type	David S. Lee		Date May 6, 2005